Massachusetts Department of Revenue

UBIT-ES — Nonprofit Corporation Estimated Tax Payment

Federal Identification number	Tax filing period

Business name

Business address

City/Town | State | Zip

Phone number | E-mail address

☐ Nonprofit corporation (0367)
☐ Other (specify) _____

Return this voucher with check or money order payable to: Commonwealth of Massachusetts.
Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204**.

Signature | Title | Date

Complete lines a, b and c only if amending or making first payment.

a. Total tax for prior year.	
b. Overpayment from last year credited to estimated tax for this year.	
c. Estimated tax for the year ending (mm/dd/yyyy) _____	
1. Amount of this installment (.40 times estimated tax)*	
2. Amount of unused overpayment credit (if any) applied to this installment.	
3. Amount of this tax expected to be withheld during 2017.	
4. Amount due with this installment.	

*New corporations in their first full taxable year with less than 10 employees have lower percentages: 30/25/25/20%; 55/25/20%; 80/20%.